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ABSTRACT

African Americans have been greatly affected by the AIDS epidemic. Experts have explored the cultural factors which may influence the effectiveness of HIV/AIDS prevention. This study investigated the impact of cultural mistrust, exploring the relationship between the distrust of whites and safe-sex practices among African-American college students. The sample consisted of 31 self-selected African American students at a historically black university in the middle Tennessee area. All participants were heterosexual and sexually active within the last 6 months. Most had only one sexual partner in the last 6 months; thirty participants were single and one was engaged. None reported having HIV or AIDS. However, seven reported knowing someone with HIV or AIDS. Three-quarters had attended an HIV/AIDS presentation, and 61 percent of those presentations were facilitated by African American health providers. Students completed the Behavior subset from the AIDS Knowledge, Feelings, and Behavior Questionnaire, which measured safe-sex practices. They also completed the Cultural Mistrust Inventory, which measured mistrust of whites by African Americans. Data analysis indicated that there was a modest negative correlation between cultural mistrust and safe-sex practices. The study concludes with five recommended topic areas to reduce cultural distrust in HIV/AIDS prevention. (Contains 13 references.) (SM)

The Relationship Between the Distrust of Whites and Safe-Sex Practices: A Pilot Study for Educating African Americans About HIV/AIDS

by

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Abstract

African Americans have been greatly affected by the AIDS epidemic. Experts have explored the cultural factors which may influence the effectiveness of HIV/AIDS prevention. Recent discussions on race relations and the infamous Tuskegee "Syphilis" Study has led to the investigation on cultural distrust. Thirty-one African American college students at a historically black university were used in a pilot study. The Cultural Mistrust Inventory (CMI) and the Behavior subtest of the AIDS Knowledge, Behavior, Feelings Questionnaire (AKBFQ) were used. The results indicated a significant modest relationship between cultural distrust and safe-sex practices ($r = -.41$, $p < .01$). The study also concluded with five recommended topic areas to reduce cultural distrust in HIV/AIDS prevention.

Introduction

During the late-1980's, HIV/AIDS prevention programs were designed to reduce the spread of Acquired Immunodeficiency Syndrome (AIDS) in the United States. Many programs were based on the belief that accurate information would lead to "safer" behaviors. Unfortunately, the number of AIDS cases continued to increase despite educational efforts. By 1996, over 500,000 AIDS cases were reported to the Centers of Disease Control. Nearly 50% of these cases were reported in 1995 (Laurence, 1996). More importantly, the increase greatly affected ethnic minorities. For example, African Americans constituted over 30% of the AIDS cases in the United States while consisting of 11% of the U.S. population (Centers for Disease Control, 1996). Furthermore, the AIDS epidemic reduced the overall life expectancy of African Americans. Early estimates indicated that African American males were three times more likely to contract AIDS than White males; African American females were 13 times more likely to contract AIDS than White females; and African American children were 12 times more likely to contract AIDS than White children (Jenkins, Lamar, Thompson-Crumble, 1993).

The disproportionate number of African Americans with AIDS brought criticism to prevention developers. Past prevention has focused on "statistical" comparisons; revealing ethnic differences in HIV infection without cultural or contextual explanations. Prevention rarely addressed poverty and discrimination as factors in the AIDS epidemic. This controversy led to the development of "Africentric" HIV/AIDS prevention programs (Foster, Phillips, Belgrave, Randolph, & Braithwaite, 1993; Damond, Breuer, & Pharr, 1993). However, these programs failed to resolve the suspicion of White America.

The distrust of the "predominately White public health world" was frequently discussed as a "obstacle" in African American health care (Thomas, Gilliam, & Iwery, 1989; Jenkins et al., 1993; Quimby, 1993). Recently, Klonoff and Landrine (1997) concluded that distrust of Whites affected African Americans' knowledge of HIV infection. In other words, African Americans who were more distrustful of Whites knew less about HIV/AIDS transmission.

In theory, cultural distrust was created from the direct exposure to racism or unfair treatment by a particular ethnic group (Terrell & Terrell, 1996). However, the distrust of the "White controlled HIV/AIDS education" may exist due to three major conditions: (1) the historical experience of unfair treatment by the White majority (e.g. the Tuskegee Study), (2) the current racial disparities in health care, and (3) the stigmatization of HIV/AIDS as a "black disease" (e.g. "HIV came from Africa").

Consequently, the rates of HIV infection increased in sexually active youth (Mulvihill, 1996). A literature review by Fennell (1990) suggested that sex-safe practices were lower among African American college students than White college students. Past research also suggested that African American college students were more likely to believe HIV was a form of "germ warfare" (Thomas, Gilliam, & Iwery, 1989). Consequently, the purpose of this study was to explore cultural distrust and safe-sex practices of African American college students. It was hypothesized that there was a negative relationship between cultural distrust and safe-sex practices.

Methodology

Participants

The sample consisted of 31 self-selected African American college students in the Middle Tennessee area. Twenty-seven were female, three were male (one did not report). The age range was 18-26 with a mean age of 19. Household incomes were divided into the four ranges: 25% were within the $18,000 or less range; 12% were within the $18,001-$30,000 range; 35% were within the $30,001-$60,000 range; and 25% were within the $60,001 and more range.

All of the participants reported that they were heterosexual and sexually active within the last six months. Thirty participants were single and one was engaged. Eighty percent had only one sexual partner in the last six months. No one reported to have HIV or AIDS. However, seven participants reported that they knew someone personally with HIV or AIDS. Seventy-four percent of participants attended a HIV/AIDS presentation. Of those who have attended an HIV/AIDS presentation, 54% attended an HIV/AIDS presentation at a college or university. Also, 61% of these presentations were facilitated by African American health care promoters.

Questionnaires

The Behavior subtest from the AIDS Knowledge, Feelings, and Behavior Questionnaire (AKFBQ) was used to measure safe-sex practices (Dancy, 1991). The Behavior subtest consists of 18 items assessing safe-sex practices via condom use, the frequency of sexual partners, substance-abuse, and sexual assertiveness. The content validity of the AKFBQ was based on the responses of African Americans. The internal consistency of the Behavior subtest was .84 (Dancy, 1996). Modifications were made in the questions for gender neutrality (i.e. "partners" versus "men").

The Cultural Mistrust Inventory (CMI) was used to measure the distrust of Whites by African Americans (Terrell & Terrell, 1981). The content validity of the CMI was based upon previous research of cultural mistrust. The CMI consists of four subscales; the Education and Training subscale, Interpersonal Relations subscale, Business and Work subscale, and the Politics and Law subscale. The test-retest reliability of the CMI was .86.

Note: I want to thank Dr. Terrell and Dr. Dancy for the use of their questionnaires.

Procedures

The questionnaires were distributed by African American doctoral students in psychology. All participants were from historically black colleges and universities in the Middle Tennessee area. The participants were given the opportunity to receive extra-credit in college courses for participation. All of the participants were informed about the nature of the study before completing the questionnaires. The questionnaires were completed in 30 minute intervals.

Results

A Pearson-Product Moment Correlation was computed at the .05 level of significance. The results indicated a modest negative correlation between cultural mistrust and safe-sex practices of [$r=-.41$, $p<.01$]. Twenty-three percent of the variance was explained by cultural distrust (power analysis=.99).

Conclusion

Theorists have suggested race and gender effect all behavioral outcomes in the United States (Jones, 1991). The negative experiences of these factors such as racism, sexism, and discrimination may contribute to the problems of HIV/AIDS. Additional studies should consider cultural distrust as a predictor in the acquisition of safe-sex practices among African Americans. The following areas below may be useful in reducing cultural distrust in HIV/AIDS prevention:

1. Acknowledge past historical accounts of racism in health care (e.g. Tuskegee Study). An effective HIV/AIDS educator should acknowledge the problems of racism and discrimination in the American culture.

2. De-emphasize statistical presentations of HIV/AIDS infection among African Americans. Early programs focused on pie-chart and barchart presentations. This may produce a sense blame for African Americans.

3. Discuss the link between poverty and disease. An effective HIV/AIDS educator should discuss HIV infection as a "global problem" versus an "individual problem".

4. Understand African American sexuality. HIV/AIDS prevention should discuss sexual assertiveness among African American women. An effective HIV/AIDS educator MUST understand African American sexuality. Cultural competency is important!

5. Discuss community empowerment over AIDS. An effective HIV/AIDS educator should discuss the "collective" control over HIV infection. An effective HIV/AIDS educator should emphasize socio-political aspects to prevention (eg. condom distribution in the community; drug abuse).

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